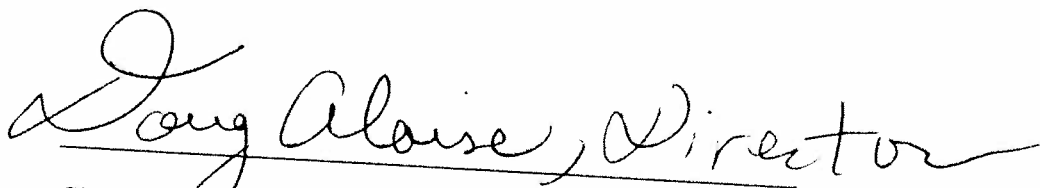


**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB# 2577-0226
Expires 08/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Doug Aloise the CDA- Director certify that the Five Year and
Annual PHA Plan of the 2012 is consistent with the Consolidated Plan of
Town Huntington prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/20

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

PHA Name

Town of Huntington Housing
Authority

PHA Number/HA Code

NY 035

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Robert Forti

Title

Chairman

Signature

Date

7/10/12

form HUD-50077-CR (1/2009)

OMB Approval No. 2577-0226

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 01/3

Applicant Name

Town of Huntington Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing/Capital Fund Programs

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Robert Forti

Title

Chairman

Signature

Date (mm/dd/yyyy)

7/10/12

Previous edition is obsolete form HUD 50071 (3/98)

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

town of Huntington Housing Authority
Public Housing / Housing Choice Voucher Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - b. Establishing an on-going drug-free awareness program to inform employees ---
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
 - d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction
 - e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Signature

Date

Sela A. Bynoe

Executive Director

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OA
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Town of Huntington Housing authority 1 A Lowndes Avenue Huntington Congressional District, if known: 4c 002			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: U S Department of Housing and urban Development			7. Federal Program Name/Description: CFDA Number, if applicable:		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>[Signature]</u> Print Name: <u>Siela A. Byrd</u> Title: <u>Executive Director</u> Telephone No.: <u>631 427-6220 ext 15</u> Date: <u>9/18/12</u>		
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: Town of Huntington Housing Authority PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): 10/01/2012 PHA Code: NY-035 <input type="checkbox"/> HCV (Section 8)				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 40 Number of HCV units: 573				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Redesign the website and improve the technology resources in order to increase the community's accessibility to our housing services and programs. Update and review the Administrative/ Admissions and Continued Occupancy Policies.				
6.0	PHA Plan Update (a) None (b) Copies of the 5-Year Plan and Annual PHA Plan may be obtained by visiting the Administrative Office located at : 1A Lowndes Avenue Huntington Station, N.Y. 11746				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. The Housing received approval from the Special Applications Center for the Disposition of Excess Land (Gateway Gardens) for the purpose of a Mixed Finance/Tax Credit rehabilitation. As a result- the Housing Authority received approval to administer 17 Project Based Vouchers and 38 Tenant Protect Vouchers.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Housing Choice Voucher = 78elderly, 495 families with disabilities and 1680 families (334 Hispanic – 407 white and 1704 African Americans) Gateway Gardens = 382 elderly = 185 families with disabilities and 1002 families (144 Hispanic, 854 white and 463 African Americans) Millennium Hills = 105elderly = 69 families with disabilities and 636 families (76Hispanic, 512 white and 248 African Americans)</p>
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9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. The Huntington Housing Authority successfully met the goal to obtain HUD Special Applications Center approval for the disposition and began rehabilitating the housing units in January 2012.</p> <p>Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" If the amount of an award increases or decreases by more than 50% or if there is a major change in the PHA Policies.</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY36P035501-12
Replacement Housing Factor Grant No:
Date of CFP:

FFY of Grant: 2012
FFY of Grant Approval:

Type of Grant
☒ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending:
☐ Reserve for Disasters/Emergencies

Line Summary by Development Account

☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements	13,834.00					
4	1410 Administration (may not exceed 10% of line 21)	5,000.00					
5	1411 Audit	9,417.00					
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition	6,591.80					
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	59,326.20					
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary			
PHA Name: Town of Huntington Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account		
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Total Estimated Cost
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)		
21	Amount of line 20 Related to LBP Activities	94,169.00	
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development

OMB No. 2577-0226
Expires 4/30/2011

Federal FFY of Grant:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part III: Implementation Schedule for Capital Fund Financing Program
PHA Name: _____

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

Continuation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary

PHA Name:
Town of Huntington Housing
Authority

Grant Type and Number
Capital Fund Program Grant No: NY36PO35501-07
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement
☒ Performance and Evaluation Report for Period Ending: 3-31-2011

Summary by Development Account

Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Original	Revised ²	Obligated	Total Actual Cost ¹
1	Total non-CFFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	22,942		
3	1408 Management Improvements	22,942		
4	1410 Administration (may not exceed 10% of line 21)	0	22,942	
5	1411 Audit	12,000		22,942
6	1415 Liquidated Damages	12,000	12,000	12,000
7	1430 Fees and Costs			
8	1440 Site Acquisition	25,000		
9	1450 Site Improvement	21,300	21,300	21,300
10	1460 Dwelling Structures	45,000		
11	1465.1 Dwelling Equipment—None expendable	49,953	49,953	49,953
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition	13,000		
15	1492 Moving to Work Demonstration	20,747	20,747	
16	1495.1 Relocation Costs			20,747
17	1499 Development Activities ⁴			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: **Grant Type and Number**
 Capital Fund Program Grant No:
 Replacement Housing Factor Grant No:
 Date of CFP:

Type of Grant

☐ Original Annual Statement

☐ Reserve for Disasters/Emergencies

☐ Performance and Evaluation Report for Period Ending:

Summary by Development Account

Line

18a

18ba

19

20

21

22

23

24

25

Signature of Executive Director

Date

Signature of Public Housing Director

Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities	126,942			
22	Amount of line 20 Related to Section 504 Activities		126,942	126,942	126,942
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

U.S. Department of Housing and Urban Development

Grant Type and Number
Capital Fund Program Grant No.:
CFPP (Yes/No):

Federal FFY of Grant:

OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

Annual Circumstance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY36P035-501-08
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement
☒ Performance and Evaluation Report for Period Ending: 3-31-2011

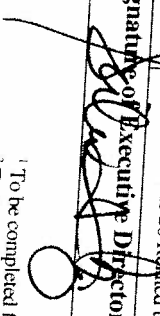
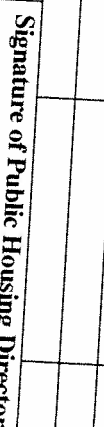
☐ Reserve for Disasters/Emergencies
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements	53,040.50		30,000	30,000	30,000
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit	12,000		3000	3000	3,000
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	55,100.00		82,515.50	82,515.50	82,515.50
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	4,140.50		8765.50	8765.50	8765.50
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)						
21	Amount of line 20 Related to LBP Activities	124,281	124,281				
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director 		Date		Signature of Public Housing Director 		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development

Grant Type and Number	Capital Fund Program Grant No.	CFPP (Yes/ No)

Replacement Housing Factor Grant No.:

Federal FY of Grant:

OMB No. 2577-0226
Expires 4/30/2011

	¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	
	² To be completed for the Performance and Evaluation Report.	

U.S. Department of Housing and Urban Development

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY36P035501-09
Replacement Housing Factor Grant No:
Date of CFP:

FFY of Grant:
FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement
☒ Performance and Evaluation Report for Period Ending: 3-31-2011

☐ Reserve for Disasters/Emergencies

☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements	37,780		123,632			
4	1410 Administration (may not exceed 10% of line 21)				123,632		0
5	1411 Audit	10,000		0			
6	1415 Liquidated Damages	12,000		0			
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	63,852		0			
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report (revision no:)					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹			
		Original	Revised²	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)						
21	Amount of line 20 Related to LBP Activities	123,632	123,632	123,632	0		
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date		Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development

Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Health

Office of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 8/31/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number CERG
Capital Fund Program Grant No: NY36S03550109
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending:
☐ Reserve for Disasters/Emergencies
Summary by Development Account

☐ Revised Annual Statement (revision no:
x Final Performance and Evaluation Report

Line	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit	15,239.00				
6	1415 Liquidated Damages			15,239.00	15,239.00	
7	1430 Fees and Costs					
8	1440 Site Acquisition	14,158.00				
9	1450 Site Improvement			14,158.00	14,158.00	
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	123,000.00				
12	1470 Non-dwelling Structures			123,000.00	123,000.00	
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 08/31/2011

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report.
³ PHAs with under 250 units in management may use a Revised Annual Statement.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development

OMB No. 2577-0226
Expires 08/31/2011

Grant Type and Number CFRG
Capital Fund Program Grant No: NY36S03550109
CFRP (Yes/ No):

Federal FY of Grant:

Huntington Housing Authority

Page 3

Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary

PHA Name: Town of Huntington
Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY36P035501-10
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant:
FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement
☒ Performance and Evaluation Report for Period Ending: 3-31-11
☐ Reserve for Disasters/Emergencies

Summary by Development Account

☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line		Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	37,780	36,964.00	0	0
3	1408 Management Improvements	10,000	10,000.00	6,000.00	0
4	1410 Administration (may not exceed 10% of line 21)	12,000	12,000.00	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable	63,852	64,252.00	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: FY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹			
		Original	Revised²	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)						
21	Amount of line 20 Related to LBP Activities	123,632.00	123,216.00				
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date		Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development

OMB No. 2577-0226
Expires 4/30/2011

Grant Type and Number
Capital Fund Program Grant No.:
CFPP (Yes/No):

Federal FY of Grant:

Expires 4/30/2011**Expires 4/30/2011****Expires 4/30/2011**[illegible]

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	2 To be completed for the Performance and Evaluation Report.
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1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	2 To be completed for the Performance and Evaluation Report.
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U.S. Department of Housing and Urban Development

Office of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary

PIA Name: Town of Huntington

Housing Authority

Grant Type and Number

Capital Fund Program Grant No. NY 3690355011
 Replacement Housing Factor Grant No.

Date of CFP

FFY of Grant: 2011

FFY of Grant Approval:

Type of Grant

☒ Original Annual Statement

☐ Reserve for Disasters/Emergencies

☐ Performance and Evaluation Report for Period Ending

Summary by Development Account

☐ Revised Annual Statement/Revision no:

☐ Final Performance and Evaluation Report

Obligated

Total Actual Cost

Expended

Original

Total Estimated Cost

Revised

50,000

5,000

1410 Administrative (may not exceed 10% of line 21)

1411 Audit

1415 Liquidated Damages

1430 Fees and Costs

1440 Site Acquisition

1450 Site Improvement

1460 Dwelling Structures

1465 Traveling Equipment - Nonexpendable

1470 Non-dwelling Structures

1475 Non-dwelling Equipment

1485 Demolition

1492 Moving to Work Demonstration

1495 Relocation Costs

1499 Development Activities

46,731

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report
³ PIA's with under 250 units in management may use 10% of CFP Grants for operations
⁴ RIF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

Part I: Summary

PIJA Name: Huntington
 Town of Huntington
 Housing Authority
 Grant Type and Number: Capital Fund Program Grant No. NY36093350111
 Replacement Housing Factor Grant No.
 Date of CFP:

FY of Grant: 2011
 FY of Grant Approval:

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 25377-0226
 Expires 4/30/2011

☒ Original Annual Statement

☐ Performance and Evaluation Report for Period Ending:

Summary by Development Account

☐ Reserve for Disaster/Emergencies

Line

18a

18ba

1501 (Utilization of Debt Service paid by the PIJA)

9000 (Collateralization or Debt Service paid Via System of Direct Payment)

Total Estimated Cost

Original

Revised

Obligated

Total Actual Cost

Expended

19

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Signature of Executive Director

Date

8/9/11

Signature of Public Housing Director

Date

To be completed for the Performance and Evaluation Report.
 PIJAs with under 250 units in management may use 100% of CFP Grants for operations.
 R111 funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages
PIA Name:

PH/A Name:

Grant Type and Number	Capital Fund Program Grant No.	CTIP (Yes/No)	Replacement Housing Factor Grant No.
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Federal FFP of Grants:

[illegible]

To be completed for the Performance and Validation Report or a Revised Annual Statement		To be completed for the Performance and Validation Report

U.S. Department of Health, Education, and Welfare

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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